



**Medical Review Board (MRB) Meeting—Crowne Plaza Hotel
Wednesday, April 25, 2007, 8:00a.m.–12:30p.m.**

Meeting Registration

8:00–9:00 a.m.

MRB Meeting

9:00 a.m.–12:30 p.m.

Call to Order

9:00–9:05 a.m.

Larry W. Minor
FMCSA
Designated Federal Official

Medical Review Board Business

9:05–9:45 a.m.

Kurt Hegmann, MD, Chairperson

- 1) MRB discussion and vote on: minutes of January 10 MRB meeting
- 2) Diabetes standard
- 3) Other issues to be determined

Cardiovascular Disease and Driving

9:45–10:05 a.m.

Stephen Tregear, DPhil
ECRI*
Cardiovascular Disease and Driving Evidence Report Findings

Cardiovascular Disease Expert Panel Recommendations

10:05–10:25 a.m.

Stephen Tregear, DPhil

MRB Deliberations on Cardiovascular Disease and Driving

10:25–10:55 a.m.

Kurt Hegmann, MD

MRB Deliberation on Schedule II Drugs

10:55 a.m.–12:00 noon

Kurt Hegmann, MD

Public Comment to the MRB

12:00 noon–12:25 p.m.

Larry W. Minor
FMCSA
Designated Federal Official

Call to Adjourn

12:30 p.m.

Breaks will be announced on meeting day and may be adjusted according to schedule changes.

* ECRI (formerly the Emergency Care Research Institute) is a nonprofit health services research agency and a Collaborating Center of the World Health Organization (WHO). It is designated as an Evidence-based Practice Center by the U.S. Agency for Healthcare Research and Quality.

Addendum

Key Questions Considered for Cardiovascular Disease and Driving

Key Question 1: Are individuals with cardiovascular disease at an increased risk for a motor vehicle crash when compared to comparable individuals who do not have the disorder?

Key Question 2: What are the risk factors for rupture of an aortic (abdominal or thoracic) aneurysm?

Key Question 3: Is implantation of a pacemaker effective in preventing vasovagal syncope recurrence?

Key Question 4: What is the risk of sudden incapacitation or sudden death following implantation of an implantable cardiac device?

Key Question 5: What is the risk for sudden death or incapacitation in individuals with low left ventricular ejection fraction (LVEF) (<50%, <40%, <35%)?

Key Question 6: Is the relationship between LVEF and sudden death or incapacitation (if established) dependent upon the underlying etiology of heart failure?